Kansas Department for Children and Families Changes for Foster Care Child Care Benefits

This form provides a method of reporting the need to add a new child to Foster Care Child Care (FC-CC) cases, changes in hours, or changes in providers. Changes in your employment or school schedule need to have supporting documentation included with this form. Please send the completed and signed form to DCF.FosterCareCC@ks.gov.



A Case Information (to locate case

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Foster Parent Information		
First Name	Middle Name	Last Name
Social Security Number		
B. Who is the child in Fo	ster Care added to your hous	ehold?
Foster Child Information		
First Name	Middle Name	Last Name
Date of Birth	Social Security Number	Sex
Disability: Is this child disabled?	No Yes	
Ethnicity: Is this child Hispanic or Lati	ino? No Yes	
Race: Check all that apply to this child	l.	
or Ala	rican Indian aska Native In Indian Wietnamese	Native Hawaiian Samoan Guamanian or Other Pacific Chamorro Islander

C. Tell Us About Your Child Care Needs

Foster parents' work/school schedule (use multiple lines if the schedule changes throughout the week).

Parent 1

Start Time (Indicate AM/PM)	End Time (Indicate AM/PM)	Circle Days of the Week this schedule is for:						
		MON	TUE	WED	THU	FRI	SAT	SUN
		MON	TUE	WED	THU	FRI	SAT	SUN
		MON	TUE	WED	THU	FRI	SAT	SUN

Parent 2

Start Time (Indicate AM/PM)	End Time (Indicate AM/PM)	Circle Days of the Week this schedule is for:						
		MON	TUE	WED	THU	FRI	SAT	SUN
		MON	TUE	WED	THU	FRI	SAT	SUN
		MON	TUE	WED	THU	FRI	SAT	SUN

Child in Foster Care School Schedule

Start Time (Indicate AM/PM)	End Time (Indicate AM/PM)	Circle Days of the Week this schedule is for:						
		MON	TUE	WED	THU	FRI	SAT	SUN
		MON	TUE	WED	THU	FRI	SAT	SUN
		MON	TUE	WED	THU	FRI	SAT	SUN

Child Care Provider Information (use multiple lines for multiple providers)

Provider Name	Address	Circle Days of the Week this provider is used:						ed:
		MON	TUE	WED	THU	FRI	SAT	SUN
		MON	TUE	WED	THU	FRI	SAT	SUN
		MON	TUE	WED	THU	FRI	SAT	SUN

Orginal and	
Signature of Foster Parent (required)	Date
Foster Care Case Management or Child F	Placing Agency
My signature on this application certifies that the child(requested are in the custody of the Secretary of the Kalt also certifies that child care is needed due to the fost that the below stated agency has obtained and has on for child care assistance. The agency also has obtained each child whom child care assistance is requested. A be destroyed until after the child care assistance case available to DCF in the event of an audit.	ansas Department for Children and Families (DCF). ter family's verified work or school schedule, and file the necessary verification to support the requesed verification of the citizenship and date of birth for Il documentation must be maintained and cannot
Name of Foster Care Case Management/Child Placing	g Agency
Name of Case Management/Agency Representative (I	Printed) ————————————————————————————————————
Signature of Case Management/Agency Representative	

Signature

